Image# 201603179009770891 PAGE 1 / 21

### **FEC** FORM 3Y

## **REPORT OF RECEIPTS AND DISBURSEMENTS**

TONIW 3X	For Other Than An Aut	horized Committee	Office Use Only
NAME OF     COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
American Council of L	ife Insurers Political A	Action Committee	
ADDRESS (number and street)	101 Constitution Ave., NW Suite 700		
Check if different than previously reported. (ACC)	Washington		DC 20001 -
2. FEC IDENTIFICATION N	IUMBER ▼ CIT	ΓY▲	STATE ▲ ZIP CODE ▲
C C00147066		S THIS NEW (N)	OR AMENDED (A)
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:	Report Due On:	20 (M2) May 20 20 (M3) Jun 20	(M6) Sep 20 (M9) Dec 20 (M12) (Non-Election
(a) Quarterly Reports:  April 15	Apr	20 (M4) Jul 20 (	M7) Oct 20 (M10) Jan 31 (YE)
Quarterly Report ( July 15	(c) 12-Day	Primary (12P)	General (12G) Runoff (12R)
Quarterly Report ( October 15 Quarterly Report (	Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (	Floati	on on	in the State of
July 31 Mid-Year Report (Non-electi Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	rt Election	on on	in the State of
5. Covering Period	02 01 2016		02
I certify that I have examined	this Report and to the best of	my knowledge and belief it	is true, correct and complete.
Type or Print Name of Treasur	er Mr. Donald L. Walker		
Signature of Treasurer Mr.	Donald L. Walker	[Electronically Filed]	Date 03 / 17 / 2016
NOTE: Submission of false, erro	neous, or incomplete informatio	n may subject the person sign	ning this Report to the penalties of 2 U.S.C. §437g.
Office Use Only			FEC FORM 3X Rev. 12/2004

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

#### American Council of Life Insurers Political Action Committee

Report Covering the Period: From: 02 01 2016 To: 02 29 2016

		COLUMN A This Period	COLUMN B Calendar Year-to-Date		
6.	(a) Cash on Hand  January 1,  2016		581209.30		
	(b) Cash on Hand at Beginning of Reporting Period	523989.38			
	(c) Total Receipts (from Line 19)	29119.30	43899.38		
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	553108.68	625108.68		
7.	Total Disbursements (from Line 31)	46000.00	118000.00		
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	507108.68	507108.68		
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00			
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00			

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

### American Council of Life Insurers Political Action Committee

n loans) From: Other mittees chedule A)  mittees	6522.76 2596.54 9119.30 0.00 20000.00 29119.30 0.00 0.00	13088.52 5810.86 18899.38 0.00 25000.00 43899.38 0.00 0.00
mittees chedule A)  mittees mittees mittees (add Lines b) (Carry age 5) /Other  ived penditures  page 5)	2596.54 9119.30 0.00 20000.00 29119.30 0.00 0.00	5810.86 18899.38 0.00 25000.00 43899.38 0.00
chedule A)  Ind (ii)	2596.54 9119.30 0.00 20000.00 29119.30 0.00 0.00	5810.86 18899.38 0.00 25000.00 43899.38 0.00
mittees	2596.54 9119.30 0.00 20000.00 29119.30 0.00 0.00	5810.86 18899.38 0.00 25000.00 43899.38 0.00
mittees	9119.30 0.00 20000.00 29119.30 0.00 0.00	18899.38 0.00 25000.00 43899.38 0.00 0.00
mittees	0.00 20000.00 29119.30 0.00 0.00	0.00 25000.00 43899.38 0.00
mittees  (add Lines (a	20000.00 29119.30 0.00 0.00	25000.00 43899.38 0.00
(add Lines (add Lines (b)) (Carry age 5) /Other  ived penditures  page 5)	29119.30 0.00 0.00	0.00 0.00
(add Lines E)) (Carry age 5) /Other ived penditures	29119.30 0.00 0.00	0.00 0.00
ivedpenditures	0.00	0.00
penditures page 5)	0.00	
penditures page 5)		0.00
penditures page 5)		0.00
penditures page 5)		
page 5)		
page 5)		
	0.00	0.00
Made		
nd Other	<del> </del>	
	0.00	0.00
=		
)	0.00	0.00
eral and Levin Funds		
	<del> </del>	
	0.00	0.00
chedule H5)	0.00	0.00
=		
18(a) and 18(b))	0.00	0.00
	)eral and Levin Funds t	eral and Levin Funds

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN B Calendar Year-to-Date	
	perating Expenditures: a) Allocated Federal/Non-Federal Activity (from Schedule H4)	Total This Period	
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
(b	. 11		
	Expenditures	0.00	0.00
(0	, , , , , , , , , , , , , , , , , , , ,	0.00	0.00
22. Tı	(add 21(a)(i), (a)(ii), and (b))▶ ransfers to Affiliated/Other Party	0.00	0.00
Ç	ommittees	0.00	0.00
F	ontributions to ederal Candidates/Committees nd Other Political Committees	46000.00	118000.00
	dependent Expenditures	0.00	0.00
25. C	use Schedule E)oordinated Party Expenditures	0.00	0.00
(2	2 U.S.C. §441a(d)) ise Schedule F)	0.00	0.00
,,	,		
26. Lo	pan Repayments Made	0.00	0.00
7. L	pans Made	0.00	0.00
28. R	efunds of Contributions To: a) Individuals/Persons Other		
(6	Than Political Committees	0.00	0.00
(h	o) Political Party Committees	0.00	0.00
(b (c		3.00	
,	(such as PACs)	0.00	0.00
(0	Total Contribution Refunds		
(c	(add Lines 28(a), (b), and (c))▶	0.00	0.00
	(37)		
29. O	ther Disbursements	0.00	0.00
	ederal Election Activity (2 U.S.C. §431(20)) a) Allocated Federal Election Activity  (frame Cabactels LIC)		
	(from Schedule H6) (i) Federal Share	0.00	0.00
,,	(ii) "Levin" Share	0.00	0.00
(b	Federal Election Activity Paid Entirely     With Federal Funds	0.00	0.00
(0	· - · · - · · · · · · · · · · · · · · ·		
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
1. To	otal Disbursements (add Lines 21(c), 22,		
	3, 24, 25, 26, 27, 28(d), 29 and 30(c))	46000.00	118000.00
_		7	
	otal Federal Disbursements subtract Line 21(a)(ii) and Line 30(a)(ii)		
	om Line 31)	46000.00	118000.00

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	29119.30	43899.38
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	29119.30	43899.38
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FOR LINE NUMBER: **PAGE** 6 OF 21 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Daniel C Bryant Date of Receipt Mailing Address 1160 High Hawk Road 2016 02 0.3 City State Zip Code Transaction ID: 69972588 RΙ East Greenwich 02818-1347 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer Occupation **ACLI** Lawyer - Regional V P Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Michael S. Dal Zin Date of Receipt Mailing Address 200 Day Hill Road 02 23 2016 City State Zip Code Transaction ID: 70341774 CT Windsor 06095-1779 Amount of Each Receipt this Period FEC ID number of contributing 260.00 federal political committee. Memo Item Name of Employer Occupation Vantis Life Insurance Company **VP Operations** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 260,00 Full Name (Last, First, Middle Initial) c. Ms. Paula Egan Date of Receipt Mailing Address 200 Day Hill Road 02 23 2016 City State Zip Code Transaction ID: 70341775 CT Windsor 06095-1779 Amount of Each Receipt this Period FEC ID number of contributing С 260.00 federal political committee. Memo Item Name of Employer Occupation Vantis Life Insurance Company Vice President Marketing Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) 1520.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

9

	FOI	R LINE	NU	IMBER	:	PAGE	7	OF	21
Use separate schedule(s)	(che	eck only	or or	ne)					
for each category of the Detailed Summary Page	[×	11a		11b		11c	12		
		13		14		15	16	, [	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Ms. Kathleen F. Kiernan Date of Receipt Mailing Address 101 Constitution Ave, NW Suite 700 2016 29 City Zip Code State Transaction ID: PR1728112746425 DC Washington 20001-2140 Amount of Each Receipt this Period FEC ID number of contributing 160.00 federal political committee. Memo Item Name of Employer Occupation American Council of Life Insurers Sr. Counsel, State Relations Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$80.00 Semi-Monthly) 320.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Carolyn C. Cobb Date of Receipt Mailing Address 101 Constitution Ave, NW Suite 700 02 29 2016 City State Zip Code Transaction ID: PR1821819646425 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 244.80 federal political committee. Memo Item Name of Employer Occupation American Council of Life Insurers Vice President & Associate General Cou Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$122.40 Semi-Monthly) Other (specify) 489,60 Full Name (Last, First, Middle Initial) c. The Honora Dirk A. Kempthorne Date of Receipt Mailing Address 101 Constitution Ave, NW 02 29 2016 Suite 700

Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$208.33 Semi-Monthly) 833.32 Other (specify) 821.46 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Zip Code

20001-2133

State

DC

Occupation President and CEO

С

City

Washington

FEC ID number of contributing

American Council of Life Insurers

federal political committee.

Name of Employer

416.66

Transaction ID: PR1871324546425

Amount of Each Receipt this Period

Memo Item

9

# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 8 OF 21 Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using	and Statements may not be sold or used by any peng the name and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Council of Life Ins	surers Political Action Committee	
Full Name (Last, First, Middle Initial) Mr. Brian Waidmann  Mailing Address 101 Constitution Ave, NV	N	Date of Receipt
Suite 700	State Zip Code	02 29 2016 Transaction ID : PR1872428346425
Washington	DC 20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer  American Council of Life Insurers  Receipt For:	Occupation Chief of Staff  Aggregate Year-to-Date ▼	Memo Item
Primary General  Other (specify) ▼	800.00	P/R Deduction (\$200.00 Semi-Monthly)
Full Name (Last, First, Middle Initial)  3. James Lovelace	Date of Receipt	
Mailing Address 200 Day Hill Road		02 29 2016
City Windsor	State Zip Code CT 06095-1779	Transaction ID : PR2285777246425  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	260.00
Name of Employer Vantis Life Insurance Company	Occupation VP of IT	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$260.00 Bi-Weekly)
Full Name (Last, First, Middle Initial)  C. Gregory Roto		Date of Receipt
Mailing Address 200 Day Hill Road		02 29 7 2016
City Windsor	State Zip Code CT 06095-1779	Transaction ID : PR2285777646425  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	260.00
Name of Employer	Occupation	Memo Item
Vantis Life Insurance Company	Vice President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  260.00	P/R Deduction (\$260.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (option	al)	920.00
	mber only)	

# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 9 OF 21 Use separate schedule(s) (check only one)

TEMIZED RE	CEIPIS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 12 13 14 15 16 17
				erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMM American C	MITTEE (In Full) Council of Life Insurer	s Politica	al Action Committee	
Mailing Address	101 Constitution Ave, NW Suite 700  of contributing ommittee.  er of Life Insurers  General	State DC  C Occupation Chief Opera		Date of Receipt  02 29 2016  Transaction ID: PR2348687346425  Amount of Each Receipt this Period  416.66  Memo Item  P/R Deduction (\$208.33 Semi-Monthly)
Rodney A. Po	101 Constitution Ave, NW Suite 700  of contributing ommittee.  er of Life Insurers  General	1	Zip Code 20001-2133  be Regulation  Year-to-Date ▼  400.00	Date of Receipt  02 29 2016  Transaction ID: PR2352660546425  Amount of Each Receipt this Period  200.00  Memo Item  P/R Deduction (\$100.00 Semi-Monthly)
Mr. Gary E.  Mailing Address	101 Constitution Avenue, NW Suite 700 West  of contributing ommittee.  er of Life Insurers  General	1	Zip Code 20001-2133  Vice President & General Cou Year-to-Date ▼  751.59	Date of Receipt  02 29 2016  Transaction ID: PR771358246425  Amount of Each Receipt this Period  375.80  P/R Deduction (\$187.90 Semi-Monthly)
SUBTOTAL of Rec	eipts This Page (optional)			992.46
TOTAL This Period	(last page this line number of	only)	·····	

	FOF	R LINE	NU	MBER	:	PAGE	1	IO OF	:	21
Use separate schedule(s)	(che	ck only	or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

Full Name (Last, First, Middle Initial)  Ms. Linda H. Cunningham  Mailing Address 101 Constitution Avenue, I  Suite 700 West  City	NW State Zip Code	Date of Receipt    M
Washington	DC 20001-2133	Transaction ID : PR771362446425  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	123.00 Memo Item
American Council of Life Insurers  Receipt For:  Primary General  Other (specify)	Vice President, Conference Development  Aggregate Year-to-Date ▼  246.00	P/R Deduction (\$61.50 Semi-Monthly)
Full Name (Last, First, Middle Initial)  Mr. J. Bruce Ferguson  Mailing Address 101 Constitution Avenue, N		Date of Receipt
Suite 700 West City Washington	State Zip Code DC 20001-2133	02 29 2016  Transaction ID : PR771373246425  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	325.94
Name of Employer  American Council of Life Insurers	Occupation Senior Vice President, State Relations	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 651.88	P/R Deduction (\$162.97 Semi-Monthly)
Full Name (Last, First, Middle Initial)  Mr. David M. Leifer		Date of Receipt
Mailing Address 101 Constitution Avenue, Suite 700 West City	State Zip Code	02 29 2016
Washington	DC 20001-2133	Transaction ID : PR771374046425  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	184.00
Name of Employer  American Council of Life Insurers	Occupation Vice President & Associate General Cou	Memo Item
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 368.00	P/R Deduction (\$92.00 Semi-Monthly)

	FOR LINE NU	IMBER:	PAGE	11 OF	21
Use separate schedule(s)	(check only or	ne)			
for each category of the Detailed Summary Page	<b>X</b> 11a	11b	11c	12	
	13	14	15	16	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
$\rangle$	NAME OF COMMITTEE (In Full) American Council of Life Insurers	s Political Action Committee	
	Full Name (Last, First, Middle Initial)  Mr. John W. Mangan CEBS  Mailing Address 101 Constitution Ave, NW  Suite 700  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer  American Council of Life Insurers  Receipt For:  Primary  General  Other (specify)	State Zip Code DC 20001-2133  C  Occupation Regional Vice President, State Relatio  Aggregate Year-to-Date ▼  400.00	Date of Receipt  02 29 2016  Transaction ID: PR771377146425  Amount of Each Receipt this Period  200.00  Memo Item  P/R Deduction (\$100.00 Semi-Monthly)
	Full Name (Last, First, Middle Initial)  Mr. Morris R. Goff  Mailing Address 101 Constitution Avenue, NW Suite 700 West  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer American Council of Life Insurers  Receipt For:  Primary  General  Other (specify)	State Zip Code DC 20001-2133  C  Occupation Vice President, Federal Relations  Aggregate Year-to-Date ▼  428.00	Date of Receipt  02 29 2016  Transaction ID: PR771419346425  Amount of Each Receipt this Period  214.00  Memo Item  P/R Deduction (\$107.00 Semi-Monthly)
	Full Name (Last, First, Middle Initial)  Ms. Brenda S. Nation  Mailing Address 101 Constitution Avenue, NW Suite 700 West  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer  American Council of Life Insurers  Receipt For:  Primary  General  Other (specify)	State Zip Code DC 20001-2133  C Occupation Regional Vice President, State Relatio  Aggregate Year-to-Date ▼  300.00	Date of Receipt  02 29 2016  Transaction ID: PR771419946425  Amount of Each Receipt this Period  150.00  Memo Item  P/R Deduction (\$75.00 Semi-Monthly)
s	UBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	564.00
T	OTAL This Period (last page this line number o	nly)	

	FOR LINE NUMBER:	PAGE 12 OF 21
Use separate schedule(s)	(check only one)	
for each category of the Detailed Summary Page	X 11a 11b	11c 12
_ come common , age	13 14	15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

Full Name (Last, First, Middle Initial)  Mr. John P. John P. Gerni  Mailing Address 101 Constitution Ave, NW  Suite 700  City	State Zip Code	Date of Receipt    M = M
Washington	DC 20001-2133	Transaction ID : PR771428746425
FEC ID number of contributing federal political committee.  Name of Employer	C	Amount of Each Receipt this Period  150.00  Memo Item
American Council of Life Insurers  Receipt For:  Primary General  Other (specify)	Regional Vice President, State Relatio  Aggregate Year-to-Date ▼  300.00	P/R Deduction (\$75.00 Semi-Monthly)
Full Name (Last, First, Middle Initial)  Mr. David C. Turner  Mailing Address 101 Constitution Ave, NW		Date of Receipt
Suite 700  City  Washington	State Zip Code DC 20001-2133	02 29 2016  Transaction ID : PR771428946425  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	287.16
Name of Employer American Council of Life Insurers	Occupation EVP, Chief of Staff & Corp. Secretary	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 574.33	P/R Deduction (\$143.58 Semi-Monthly)
Full Name (Last, First, Middle Initial)  Ms. Alane R. Dent  Mailing Address 101 Constitution Ave, NW	1	Date of Receipt
Suite 700 City Washington	State Zip Code DC 20001-2133	02 29 2016  Transaction ID : PR771444346425  Amount of Fool Passint this Pasied
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  218.08
Name of Employer  American Council of Life Insurers	Occupation Vice President, Federal Relations	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 436.16	P/R Deduction (\$109.04 Semi-Monthly)

FOR LINE NUMBER: PAGE 13 OF 21 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Mr. Maurice A. Perkins Date of Receipt Mailing Address 101 Constitution Ave, NW Suite 700 2016 29 City Zip Code State Transaction ID: PR805149146425 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing C 416.66 federal political committee. Memo Item Name of Employer Occupation American Council of Life Insurers Vice President, Federal Relations Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$208.33 Semi-Monthly) 833.32 Other (specify) Full Name (Last, First, Middle Initial) B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 416.66 SUBTOTAL of Receipts This Page (optional)..... 6522.76 TOTAL This Period (last page this line number only).....

### S 17

SCHEDULE A (FEC Form 3X	) .	loo concrete selectule(s)	FOR LINE NUMBER: PAGE 14 OF 21	
TEMIZED RECEIPTS		Jse separate schedule(s) or each category of the Detailed Summary Page	(check only one)  11a	
r for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)  American Council of Life Insu	rers Political A	action Committee		
Full Name (Last, First, Middle Initial)  UNUM Group Political Action Comm  Mailing Address 1 Fountain Square	mittee (UNUMPA	C)	Date of Receipt	
City	State	Zip Code	02 01 2016	
Chattanooga	TN	37402	Transaction ID : 69972589  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C C00177	436	5000.00	
Name of Employer	Occupation		Memo Item	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 5000.00	1	
Full Name (Last, First, Middle Initial) Genworth Financial Inc. PAC	, , , , , , , , , , , , , , , , , , , ,		Date of Receipt	
Mailing Address 6620 W. Broad Street			02 01 _2016 _	
City	State	Zip Code	Transaction ID: 69972590	
Richmond  FEC ID number of contributing federal political committee.	C C00404	<u>23230</u> 194	Amount of Each Receipt this Period  5000.00	
Name of Employer	Occupation		Memo Item	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 5000.00	]	
Full Name (Last, First, Middle Initial) Voya Financial Inc. PAC			Date of Receipt	
Mailing Address 230 Park Avenue  C/O Chief Legal Officer			02 01 2016	
City New York	State NY	Zip Code 10169	Transaction ID : 69972591  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C C00184	1028	5000.00	
Name of Employer	Occupation		Memo Item	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 5000.00	]	
SUBTOTAL of Receipts This Page (optional)		)	15000.00	

TOTAL This Period (last page this line number only).....

### S П

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 15 OF 21		
ITEMIZED RECEIPTS	for	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)		
Any information copied from such Reports and Statements		may not be sold or used by any pe	person for the purpose of soliciting contributions to to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)  American Council of Life Ins	-				
Full Name (Last, First, Middle Initial)  New York Life Insurance Compar	ny PAC		Date of Receipt		
Mailing Address 51 Madison Avenue Room 1109			02 23 2016		
City New York		ľip Code 10010	Transaction ID : 70333850  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C C001588	81	5000.00		
Name of Employer	Occupation		Memo Item		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-	to-Date ▼ 5000.00			
Full Name (Last, First, Middle Initial)			Date of Receipt		
Mailing Address			M = M / D = D / Y = Y = Y		
City	State Z	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C				
Name of Employer	Occupation		Memo Item		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-	to-Date ▼			
Full Name (Last, First, Middle Initial)			Date of Receipt		
Mailing Address			M = M / D = D / Y = Y = Y		
City	State Z	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		Amount of Each Necept this Period		
Name of Employer	Occupation		Memo Item		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-	to-Date ▼			
SUBTOTAL of Receipts This Page (option	al)		5000.00		

TOTAL This Period (last page this line number only).....

20000.00

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 16 OF 21
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	21b	22 🗙 23 24 25 26
		27	28a 28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)	o and address of any pointed		conort commissione from each committee.
American Council of Life Insurers P	Political Action Comp	nittee	
American council of Life insurers i	Olitical Action Comi	ilittee	
Full Name (Last, First, Middle Initial)			
A. New Democratic Coalition PAC			Date of Disbursement
Mailing Address 700 13th Street, NW			02 05 2016
Suite 600			02 00 2010
•	State Zip Code		Transaction ID : 69879419
· · · · · · · · · · · · · · · · · · ·	DC 20005		11d115dCtiOi1 ID . 09079419
Purpose of Disbursement Political Contribution		011	Amount of Each Disbursement this Period
Candidate Name			Amount of Lacif Dispulsement this Fellod
New Democratic Coalition PAC		Category/ Type	5000.00
Office Sought: House Disbursem	nent For:	11	Memo Item
Senate	Primary General		Political Contribution
	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			Date of Disbursement
Fearless PAC			
Mailing Address PO Box 37			02 05 2016
3 3 44 444 P BOX 07			
,	State Zip Code		Transaction ID : 69879421
Boulder Purpose of Disbursement	CO 80306		
Political Contribution		011	Amount of Each Disbursement this Period
Candidate Name			
Fearless PAC		Category/ Type	4000.00
Office Sought: House Disbursem	nent For:		Memo Item
	Primary General		Political Contribution
	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			Date of Disbursement
Friends Of Kelly Ayotte Inc			M M / D D / Y Y Y Y Y
Mailing Address PO Box 937			02 08 2016
,	State Zip Code NH 03105		Transaction ID: 69881017
Manchester Purpose of Disbursement	03105		
Political Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
Sen. Kelly Ayotte		Type	1000.00
	nent For: 2016		Memo Item
	Primary General		Political Contribution
State: NH District:	Other (specify) ▼		
State. INT. Diotriot.			
SUBTOTAL of Disbursements This Page (optional)			10000.00
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)	Use separate schedule(s	FOR LINE	•
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21h	7 one) 22 X 23 24 25 26 28a 28b 28c 29 30
Any information copied from such Reports and State or for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full)  American Council of Life Insurers I	Political Action Con	nmittee	
Full Name (Last, First, Middle Initial)			Data of Dishuranment
A. Royce Campaign Committee			Date of Disbursement
Mailing Address P.O. Box 3249			02 08 2016
City Fullerton	State Zip Code CA 92834		Transaction ID: 69881182
Purpose of Disbursement Political Contribution		011	Amount of Each Disbursement this Period
Candidate Name Rep. Ed Royce		Category/ Type	5000.00
Office Sought: House Disburse Senate President	ment For: 2016  Primary	7	Memo Item Political Contribution
State: CA District: 39  Full Name (Last, First, Middle Initial)  Mike Thompson For Congress  Mailing Address 5429 Madison Avenue			Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Sacramento	State Zip Code CA 95841		Transaction ID : 69881184
Purpose of Disbursement Political Contribution		011	Amount of Each Disbursement this Period
Candidate Name Rep. Michael Thompson		Category/ Type	1000.00
Office Sought: House Disburse	ment For: 2016 Primary General Other (specify)	.,,,,,	Memo Item Political Contribution
Full Name (Last, First, Middle Initial)  Kristi For Congress			Date of Disbursement
Mailing Address PO Box 852			02 08 2016
City Sioux Falls	State Zip Code SD 57101		Transaction ID: 69881186
Purpose of Disbursement Political Contribution  Candidate Name  Rep. Kristi Noem		011 Category/	Amount of Each Disbursement this Period 2000.00
	ment For: 2016 Primary General	Туре	Memo Item Political Contribution
State: SD District: 00	Other (specify) ▼		

SCHEDULE B (FEC Form 3X)	Han annount out 1173	FOR LINE	
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and Statem	ente may not be cold or use		
or for commercial purposes, other than using the nam	e and address of any politica	al committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Council of Life Insurers P	Political Action Comn	nittee	
Full Name (Last, First, Middle Initial)			Date of Dishar
Tom Rice For Congress			Date of Disbursement
Mailing Address PO Box 70098			02 08 2016
•	State Zip Code		Transaction ID : 69881189
Myrtle Beach Purpose of Disbursement	SC 29572		
Political Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	5000.00
Rep. Tom Rice	and Francisco	Type	
	nent For: 2016 Primary General		Memo Item
	Other (specify)   General		Political Contribution
State: SC District: 07	(-F-20.1)/ ▼		
Full Name (Last, First, Middle Initial)			
3. Mark Pocan For Congress			Date of Disbursement
Mailing Address PO Box 327			02 08 2016
			V2 V0 2010
City S Madison	State Zip Code WI 53701		Transaction ID: 69881193
Purpose of Disbursement Political Contribution			Annual 45 151
Candidate Name		011	Amount of Each Disbursement this Period
Rep. Mark Pocan		Category/	1000.00
	nent For: 2016	Туре	Memo Item
	Primary General		Political Contribution
	Other (specify) ▼		
State: WI District: 02			
Full Name (Last, First, Middle Initial)			
Brady For Congress			Date of Disbursement
Mailing Address P.O. Box 8277			02 08 7 2016
City	State Zip Code		
The Woodlands	TX 77387		Transaction ID: 69881194
Purpose of Disbursement Political Contribution		011	
Candidate Name			Amount of Each Disbursement this Period
Rep. Kevin Brady		Category/ Type	5000.00
•	nent For: 2016		Memo Item
	Primary X General		Political Contribution
	Other (specify) ▼		
State: TX District: 08			
OUDTOTAL of Disharana at This Day of the Disharana			11000.00
SUBTOTAL of Disbursements This Page (optional)		·····•	11000.00
TOTAL This Period (last nage this line number only)			

TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only 21b	one) 22 X 23 24 25 26
Any information copied from such Departs and Chalery		d by any porce	28a 28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)  American Council of Life Insurers P	olitical Action Comm	nittee	
Full Name (Last, First, Middle Initial)			Date of Disbursement
Mailing Address PO Box 1632			02 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	tate Zip Code		Transaction ID - 00004405
	OR 97075		Transaction ID: 69881195
Purpose of Disbursement Political Contribution  Candidate Name		011	Amount of Each Disbursement this Period
Rep. Suzanne Bonamici		Category/ Type	1000.00
Office Sought:    House   Disbursem	nent For: 2016  Primary General  Other (specify)	.,,,,	Memo Item Political Contribution
State: OR District: 01  Full Name (Last, First, Middle Initial)			
Blaine For Congress			Date of Disbursement
Mailing Address PO Box 98			02 08 2016
,	tate Zip Code MO 65075		Transaction ID: 69881652
Political Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Rep. Blaine Luetkemeyer  Office Sought:	ent For: 2016	Туре	Memo Item
Senate	Primary General Other (specify) ▼		Political Contribution
Full Name (Last, First, Middle Initial)			
C. Larson for Congress			Date of Disbursement
Mailing Address PO Box 261172			02 08 2016
•	tate Zip Code CT 06126		Transaction ID: 69881656
Purpose of Disbursement Political Contribution	30.20	011	
Candidate Name		011 Cata samu	Amount of Each Disbursement this Period
Rep. John Larson		Category/ Type	500.00
Senate	nent For: 2016 Primary General Other (specify)		Memo Item Political Contribution
SUBTOTAL of Disbursements This Page (optional)			2500.00
TOTAL This Period (last page this line number only).		<u> </u>	

SCHEDULE B (FEC Form 3X)	Han announts and the Co.	FOR LINE	NUMBER: PAGE 20 OF 21
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam	nents may not be sold or use	ed by any perso	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	le and address of any pointe	ai committee to	Solicit Contributions from Such Committee.
American Council of Life Insurers F	Political Action Comr	mittee	
Full Name (Last, First, Middle Initial)			5
Larson for Congress			Date of Disbursement
Mailing Address PO Box 261172			02 08 2016
	State Zip Code		Transaction ID : 69881660
Hartford Purpose of Disbursement	CT 06126		Transaction 15 : 5550 1000
Political Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	5000.00
Rep. John Larson  Office Sought: V House Disbursen	nent For: 2016	Туре	
Senate	Primary		Memo Item Political Contribution
State: CT District: 01			
Full Name (Last, First, Middle Initial)  3. Carlos Curbelo Congress			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address 8724 SW 72nd St			02 08 2016
,	State Zip Code FL 33173		Transaction ID: 69881662
Purpose of Disbursement Political Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	5000.00
Rep. Carlos Curbelo		Type	5000.00
Senate	nent For: 2016  Primary General  Other (specify)		Memo Item Political Contribution
State: FL District: 26			
Full Name (Last, First, Middle Initial) Friends Of Michelle			Date of Disbursement
Mailing Address P.O. Box 25422			02 08 2016
,	State Zip Code NM 87125		Transaction ID: 69881664
Purpose of Disbursement	0,120		
Political Contribution		011	Amount of Each Disbursement this Period
Candidate Name  Pop Michollo Luian Grisham		Category/	2000.00
Rep. Michelle Lujan Grisham  Office Sought:  House Disbursen	nent For: 2016	Туре	
Senate	Primary General Other (specify)		Memo Item Political Contribution
State: NM District: 01	one (opoony) ▼		
			42000.00
SUBTOTAL of Disbursements This Page (optional)		·····•	12000.00
TOTAL This Period (last nage this line number only)			

TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE N (check only 21b 27	
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam	nents may not be sold or used e and address of any politica	d by any perso I committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Council of Life Insurers P	Political Action Comm	nittee	
Full Name (Last, First, Middle Initial)  French Hill For Arkansas  Mailing Address PO Box 7841			Date of Disbursement  O2 08 2016
City	State Zip Code		Transaction ID : 60094665
Purpose of Disbursement Political Contribution  Candidate Name  Rep. French Hill  Office Sought:  House Senate  Disbursem	AR 72217  nent For: 2016 Primary General Other (specify)	011 Category/ Type	Amount of Each Disbursement this Period  2500.00  Memo Item Political Contribution
Full Name (Last, First, Middle Initial)  3.  Mailing Address			Date of Disbursement
City S Purpose of Disbursement	State Zip Code		Amount of Each Disbursement this Period
	nent For: Primary General Other (specify) ▼	Category/ Type	Memo Item
Full Name (Last, First, Middle Initial)  C.  Mailing Address			Date of Disbursement
City	State Zip Code		
Purpose of Disbursement  Candidate Name		Cotagony	Amount of Each Disbursement this Period
	nent For: Primary General Other (specify)	Category/ Type	Memo Item
SUBTOTAL of Disbursements This Page (optional)			2500.00
TOTAL This Period (last page this line number only).			46000.00